County: Lafayette Facility ID: 5020 Page 1

LAFAYETTE MANOR

719 EAST CATHERINE, BOX 167

DARLI NGTON 53530 Phone: (608) 776-4472 Ownershi p: County Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? Yes Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 97 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 101 Average Daily Census: 83 Number of Residents on 12/31/00: 82

Services Provided to Non-Residents	Age, Sex, and Primary Diagr	Length of Stay (12/31/00)	%				
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	32. 9
Supp. Home Care-Personal Care	No					1 - 4 Years	37. 8
Supp. Home Care-Household Services	No	Developmental Disabilities	1. 2	Under 65	8. 5	More Than 4 Years	29. 3
Day Services	Yes	Mental Illness (Org./Psy)	18. 3	65 - 74	11.0		
Respite Care	Yes	Mental Illness (Other)	11.0	75 - 84	26. 8		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	41. 5	**********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi pl egi c	2.4	95 & 0ver	12. 2	Full-Time Equivalen	t
Congregate Meals	Yes	Cancer	1. 2			Nursing Staff per 100 Re	si dents
Home Delivered Meals	elivered Meals Yes Fractures		1. 2		100. 0	(12/31/00)	
Other Meals	Yes	Cardi ovascul ar	36. 6	65 & 0ver	91. 5	 	
Transportation	No	Cerebrovascul ar	7. 3			RNs	16. 5
Referral Service	No	Di abetes	11.0	Sex	%	LPNs	4. 5
Other Services	Yes	Respi ratory	3. 7			Nursing Assistants	
Provi de Day Programmi ng for		Other Medical Conditions	6. 1	Male	35. 4	Aides & Orderlies	46. 0
Mentally Ill	No			Female	64. 6		
Provi de Day Programming for			100.0				
Developmentally Disabled	Yes				100. 0		

Method of Reimbursement

		Medi (Titl			Medio Title			0th	ar	D	ri vate	Pav		Manage	d Care		Percent
	Per Diem		`			m	Per Diem			Per Diem		8		Total	Of All		
Level of Care	No.	%		No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	1. 6	\$116. 21	0	0. 0	\$0.00	1	5. 3	\$137. 50	0	0. 0	\$0.00	2	2. 4%
Skilled Care	2	100. 0	\$224.40	54	88. 5	\$98. 04	0	0. 0	\$0.00	16	84. 2	\$121.50	0	0. 0	\$0.00	72	87. 8%
Intermediate				4	6.6	\$79.86	0	0. 0	\$0.00	2	10. 5	\$105.00	0	0. 0	\$0.00	6	7. 3%
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Dev. Di sabl ed				2	3. 3	\$104. 10	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	2	2.4%
Traumatic Brain Inj	j. 0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	2	100. 0		61 1	00.0		0	0.0		19	100. 0		0	0. 0		82	100.0%

LAFAYETTE MANOR

Nursing Care Required (Mean)*

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti	ons, Services	, and Activities as of 12/	31/00
Deaths During Reporting Period							
				9	6 Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	11.8	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	3. 5	Bathi ng	0. 0		0. 0	100. 0	82
Other Nursing Homes	2.4	Dressi ng	13. 4		15. 9	70. 7	82
Acute Care Hospitals	81. 2	Transferri ng	30. 5		40. 2	29. 3	82
Psych. HospMR/DD Facilities	0.0	Toilet Use	26. 8		32. 9	40. 2	82
Rehabilitation Hospitals	0.0	Eati ng	64. 6		15. 9	19. 5	82
Other Locations	1. 2	**************	********	*****	******	********	******
Total Number of Admissions	85	Continence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	9.8	Recei vi ng	Respiratory Care	17. 1
Private Home/No Home Health	29. 4	0cc/Freq. Incontinen	t of Bladder	47. 6	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	10.6	0cc/Freq. Incontinen	t of Bowel	29. 3	Recei vi ng	Sucti oni ng	0. 0
Other Nursing Homes	1. 2				Recei vi ng	Ostomy Care	0. 0
Acute Care Hospitals	12. 9	Mobility			Recei vi ng	Tube Feeding	2. 4
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	4. 9	Recei vi ng	Mechanically Altered Diets	35. 4
Rehabilitation Hospitals	0.0						
Other Locations	12. 9	Skin Care			Other Reside	nt Characteristics	
Deaths	32. 9	With Pressure Sores		11.0	Have Advan	ce Directives	72. 0
Total Number of Discharges		With Rashes		7. 3	Medications		
(Including Deaths)	85	I			Recei vi ng	Psychoactive Drugs	46. 3

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

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	Thi s	0ther	Hospi tal -	All Facilties		
	Facility	Based I	Facilities			
	%	%	Rati o	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	82. 2	87. 5	0. 94	84. 5	0. 97	
Current Residents from In-County	92. 7	83. 6	1. 11	77. 5	1. 20	
Admissions from In-County, Still Residing	25. 9	14. 5	1. 79	21. 5	1. 20	
Admissions/Average Daily Census	102. 4	194. 5	0. 53	124. 3	0. 82	
Discharges/Average Daily Census	102. 4	199. 6	0. 51	126. 1	0. 81	
Discharges To Private Residence/Average Daily Census	41. 0	102. 6	0. 40	49. 9	0. 82	
Residents Receiving Skilled Care	90. 2	91. 2	0. 99	83. 3	1.08	
Residents Aged 65 and Older	91. 5	91. 8	1. 00	87. 7	1. 04	
Title 19 (Medicaid) Funded Residents	74. 4	66. 7	1. 12	69. 0	1. 08	
Private Pay Funded Residents	23. 2	23. 3	0. 99	22. 6	1. 03	
Developmentally Disabled Residents	1. 2	1. 4	0.89	7. 6	0. 16	
Mentally Ill Residents	29. 3	30. 6	0. 96	33. 3	0. 88	
General Medical Service Residents	6. 1	19. 2	0. 32	18. 4	0. 33	
Impaired ADL (Mean)*	62. 9	51.6	1. 22	49. 4	1. 27	
Psychological Problems	46. 3	52. 8	0. 88	50. 1	0. 93	

9. 1

7.8

1. 17

7. 2 1. 28